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Research Article

A RANDOMISED COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFICACY OF *SADHYOVIRECHANA* FOLLOWED WITH *CHAKRAMARDA LEPA* AND *ARAGVADADI LEPA* IN THE MANAGEMENT OF *DADRU*

Swati P. Somani[1]*, G. S. Hadimani[2], Akshay R. Shetty[3]

*[1]Post Graduate Scholar, [2]Professor and H.O.D, [3]Associate Professor, Dept. of Panchakarma, Sri Shivayogeeshwar Rural Ayurvedic Medical College and Hospital, Inchal, Savadatti Tq, Belagavi, Karnataka, India.

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ABSTRACT

Dadru is classified as *Ksudra Kushta* by *Acharya Charaka* and as *Maha Kushta* by *Acharya Sushruta* and *Vagbhata*. It results from vitiation of *Kapha* and *Pitta* as *Pradhana Dosha* and is treated with *Shodhana* and *Bahya Lepa Chikitsa*. Modern management of Tinea involves antifungals and corticosteroids, but prolonged use causes side effects. Ayurveda offers a better treatment. This study evaluates *Sadhyovirechana* as *Abhyantara Shodhana Chikitsa* followed by *Bahya Chikitsa* in the form of *Lepa Karma*, applied to two groups to assess their efficacy in managing *Dadru Kushta*. **Aims and Objectives of the Study: 1.** To evaluate the Efficacy of *Sadhyovirechana* followed with *Chakramarda Beeja Choorna Lepa* in the Management of *Dadru Kushta*. **2.** To evaluate the Efficacy of *Sadhyovirechana* followed with *Aragvadadi Lepa* in the Management of *Dadru Kushta*. **3.** To compare the efficacy of both the groups in *Dadru Kushta*. **Materials and Methodology:** This is a comparative clinical study with pre-test & post-test design. A total of 40 patients diagnosed with *Dadru Kushta* were selected, irrespective of sex, religion, occupation, or economic status. They were randomly divided into two groups of 20 patients each: Group A and Group B. **Intervention: Group A:** *Sadhyovirechana* followed by *Chakramarda Lepa* for next 7 Days. **Group B:** *Sadhyovirechana* followed by *Aragvadadi Lepa* for next 7 Days. **Observations and Results:** The treatment outcomes in both groups were assessed by applying Wilcoxon's rank sum test within the groups and Mann-Whitney U test between the groups. Patients in Group A demonstrated significantly better results compared to Group B. **Discussions and Conclusion:** The study concludes that *Sadhyovirechana* followed by *Chakramarda Lepa* and *Aragvadadi Lepa Chikitsa* plays a significant role in effectively managing and curing *Dadru Kushta*.

INTRODUCTION

Skin is the largest organ of the human body and is highly susceptible to various disorders due to its size and external exposure. In tropical and developing countries like India, the incidence of skin diseases has significantly increased due to factors like poverty, poor sanitation, unhygienic living conditions, and pollution.

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In Ayurveda, all skin diseases are categorized under *Kushta Roga Prakarana*, further classified into *Maha Kushta* and *Kshudra Kushta*[1]. *Dadru Kushta*[2], described as a type of *Kshudra Kushta* by *Acharya Charaka*, presents as reddish, circular lesions with elevated borders and intense itching[3]. It involves vitiation of *Pitta* and *Kapha Doshas* and affects *Rasa*, *Rakta*, and *Mamsa Dhatus*[4].

Nidanas are categorized as *Aharaja Nidana*, *Viharaja Nidana*, and *Krimija Nidana*. *Krimi* can be correlated with dermatophytes causing *Dadru Kushta. Dadru Kushta* can be correlated with tinea in modern medicine, a superficial fungal infection affecting up to 20% of the global population. Despite several studies, the prevalence varies widely, ranging from 6.09% to 61.5% in India[5]. Tinea is commonly managed with

topical anti-fungals and corticosteroids, but these treatments often cause side effects, have high recurrence rates, and lack long-term efficacy.

Ayurveda offers holistic treatments like *Sadhyovirechana* is an *Abhyantara Shodhana Chikitsa*, while *Lepa Chikitsa* is a *Bahir Parimarjana Chikitsa* involving *Deepana, Pachana*, and *Rookshana Sadhyovirechana* addresses the root cause of vitiated *Doshas*, while *Lepa Chikitsa*, as described by *Acharya Sushruta*, provides relief by mitigating symptoms such as pain and swelling.

This study evaluates the efficacy of combining *Sadhyovirechana* followed by *Chakramarda Lepa* in Group A and *Aragvadadi Lepa* in Group B. both administered to patients diagnosed with *Dadru Kushta*. Significant improvement was observed over eight days of treatment and a seven-day follow-up. This highlights the role of *Sadhyovirechana* and *Lepa Chikitsa* in addressing *Dadru Kushta*.

The present study aims to provide a cost-effective, curative, and recurrence-free solution for *Dadru Kushta* while addressing its root cause.

METHODOLOGY

This study evaluates the efficacy of *Sadhyovirechana* and *Lepa Chikitsa* in treating *Dadru Kushta*. *Virechana Karma*, a *Panchakarma* therapy, and *Lepa Chikitsa*, a *Bahya Chikitsa*, were selected for their detoxifying and therapeutic properties. *Chakramarda Lepa* and *Aragvadadi Lepa* were chosen based on classical references and prior clinical evidence.

A randomized control trial (RCT) design was employed with strict inclusion and exclusion criteria to ensure unbiased results. Outcomes were assessed using standardized tools and statistical methods to provide reliable insights into the effectiveness of these treatments.

Hypothesis

- **Null Hypothesis: H_0-** There is neither significant effect of *Sadhyovirechana* followed by *Chakramarda Lepa* nor Significant effect of *Sadhyovirechana* followed by *Aragvadadi Lepa* in the management of *Dadru Kushta*.
- **Alternate Hypothesis: H_1–** *Sadhyovirechana* followed by *Chakramarda Lepa* has got more significant effect than *Sadhyovirechana* followed by *Aragvadadi Lepa* in the management of *Dadru Kushta*.

  H_2– *Sadhyovirechana* followed by *Aragvadadi Lepa* has got more significant effect than *Sadhyovirechana* followed by *Chakramarda Lepa* in the management of *Dadru Kushta.*

  H_3 – Both the Groups *Sadhyovirechana* followed by *Chakramarda Lepa* and *Sadhyovirechana* followed by *Aragvadadi Lepa* has got equal significant effect in the management of *Dadru Kushta.*

Source of Data

1. **Literary source:** Available Ayurvedic literatures, contemporary text books, journals, E-books and imprint resources in library about disease, procedure and drugs were reviewed and documented for the present clinical study.
2. **Sample source:** 40 patients with clinical features of *Dadru Kushta* coming under inclusion criteria approaching Out-patient department and In-patient department of *Panchakarma* of Shri Shivayogeeshwar Rural Ayurvedic Medical College & Hospital, Inchal, will be selected for the study using random sampling techniques and assigned into two groups comprising of 20 patients in each group.
3. **Disease Review:** The description regarding *Nidana, Dosha Dhatu-Pradhanata, Lakshana, Samprapti,* of *Dadru* is mentioned in *Charaka Samhita*[6]*. Dadru Nidana, Lakshanas, Dosha-Pradhanata* is mentioned in *Susrutha Samhita*[7]*. Dadru* types, *Dosha-Pradhanata, Lakshana* is also explained by *Vriddha Vagbhata*.[8]
4. **Procedure Review:** Explanation of *Virechana Karma* is mentioned by *Charaka Samhita*, *Sushruta Samhita*, *Astanga Hrudaya*[9]. The details of *Lepa Chikitsa* are mentioned in *Ashtanga Hrudaya*[10].
5. **Drug source:** The identified dry and wet drugs required for the preparation of *Chakramarda Lepa* and *Aragvadadi Lepa* were purchased from approved vendors. Drugs were authenticated by *Dravya Guna* Department and post authentication medicines were prepared in *Rasa Shala*–Pharmacy of our college-Shri Shivayogeeshwar Rural Ayurvedic Medical College & Hospital, Inchal.
6. **IEC:** The study was initiated after receiving approval from the institutional ethical committee with IEC Ref No: SSRAMC/ECC/2022.
7. **CTRI Registration:** CTRI Registration was completed with Reference No.: REF/2024/06/086642 and CTRI No: CTRI/2024/07/070639.

Study design

- Study Type: Interventional
- Allocation: Randomized
- Endpoint Classification: Efficacy study
- Intervention Model: Double group assignment
- Primary Purpose: Treatment
- Masking: Open Label

- Treatment duration: 8 days
- Total duration of study: 15 days

Diagnostic criteria: The patients presenting with Classical *Lakshanas* of *Dadru Kushta*[11]. Signs and symptoms of *Dadru Kushta – Kandu, Raga, Pidaka,* size of *Mandala,* number of *Mandala, Daha* and *Rookshata.*

Inclusion criteria

- Subjects of either sex presenting with the classical *Lakshanas* of *Dadru Kushta*.
- Subjects fit for *Sadhyovirechana Karma* and *Lepa Karma.*
- Age group of 20-60 years.

Exclusion criteria

- Subjects with any other systemic disorders that interfere with the course of treatment.
- Subjects who are unfit for *Sadhyovirechana Karma* and *Lepa Karma.*
- Pregnant women and lactating mother.
- Age group below 20 years and above 60 years.

Interventions

40 patients who fulfilled the inclusion criteria were selected and randomly assigned into 2 groups as Group-A and Group-B comprising of 20 patients each.

- **Group-A:** *Chakramarda Lepa*[12]- The patients of Group A were subjected to *Sadhyovirechana karma* on 1st day followed by *Chakramarda Lepa* for 7 days from 2nd to 8th day.
- Group-B: *Aragvadadi Lepa*[13]- The patients of Group B were subjected to *Sadhyovirechana karma* on 1st day followed by *Aragvadadi Lepa* for 7 days from 2nd to 8th day.

1. *Sadhyovirechana Karma*: for both Group A and Group B.

Poorva Karma

- *Sarvanga Abhyanga – Murchita Tila Taila* for 35 minutes.
- *Sarvanga Mrudu Bashpa Swedana – Ushna Jala.*
- *Ushna Jala Snana.*

Pradhana Karma

- Administration of *Trivritt Avaleha* with *Anupana – Ushnajala*.
- *Kala – Shleshmagata Kala* (8:30am to 10am).
- Dose: 30gm *Trivritt Avaleha*.
- Half glass of hot water was made to drink after each *Vega*.

Pashchat Karma

- Observation of *Vegas*.
- Once the *Vegas* stopped *Pathya Ahara* and *Vihara* was given.

2. *Lepa Karma*: *Chakramarda Lepa* for Group A and *Aragvadadi Lepa* for Group B.

Poorva Karma

Preparation of Tools and Equipment

- Collection of all necessary equipment needed for the procedure.
- Collection of drugs needed for *Lepa Karma* planned.
- Collection of all drugs required for treating the complications of *Atiyoga* and *Ayoga* of *Lepa Karma.*

Preparation of Medicine

- Group A: *Chakramarda Lepa*
- *Chakramarda Beeja* – Cassia tora – *Beeja* – Quantity sufficient was grinded into a paste form with *Jambeera Swarasa* – Citrus medica – *Swarasa* – Quantity sufficient.
- Fine paste of *Chakramarda Lepa* was prepared daily just before applying to the patient.
- Group B: *Aragvadadi Lepa*
- *Aragvadha Patra* – Cassia fistula – *Patra* – Quantity sufficient was grinded into a paste form with *Aranala.*
- Fine paste of *Aragvadadi Lepa* was prepared daily just before applying to the patient.
- *Trivritt Avaleha* was purchased from Nagarjuna Ayurveda Pharmacy.
- *Murchita Tila Taila* was purchased from Kajarekar Pharmacy, Belagavi.

Preparation of the patient

- Patient was selected after fulfilling the inclusion criteria.
- The patient was briefed about the intended procedure.
- Patient was advised to attend their natural urges.
- Made to sit with exposing the affected part.

Pradhana Karma

Method of application of *Lepa Karma*

- The application was done in the morning hours in between 8am to 11am.
- **For Group A:** Freshly prepared *Chakramarda Lepa* paste was applied in *Pratiloma Gati* (opposite direction to the hair follicle) to the affected body part.
- **For Group B:** Freshly prepared *Aragvadadi Lepa* paste was applied in *Pratiloma Gati* (opposite direction to the hair follicle) to the affected body part.

Nirikshana

After the *Lepa* application patient was allowed to sit in *Nivatagruha* until the paste gets dried.

Duration of the study

Table 1: Duration of the study for both Group A and Group B

Group	Number of Patient	Procedure	Day	Trial Duration	Follow up	Study Duration
Group A	20	*Sadhyo-Virechana*	1st day	1 day+	On 15th day	15 days
		Chakramarda Lepa	2nd day to 8th day	7 days= 8 days		
Group B	20	*Sadhyo-Virechana*	1st day	1 day+	On 15th day	15 days
		Aragvadadi Lepa	2nd day to 8th day	7 days= 8 days		

Pashchat Karma

- Once the paste gets dried, it is removed and patient is advised to take lukewarm water bath.
- Patient is advised to take *Laghu, Ushna, Anabhishyandi Bhojana*.
- This procedure was done for the duration of 7 days.
- Exposure to direct breeze and direct sunlight was advised to be avoided.

Chart for Grading of Subjective Criteria

Table 2: Gradings of Subjective Criteria for Group A and Group B

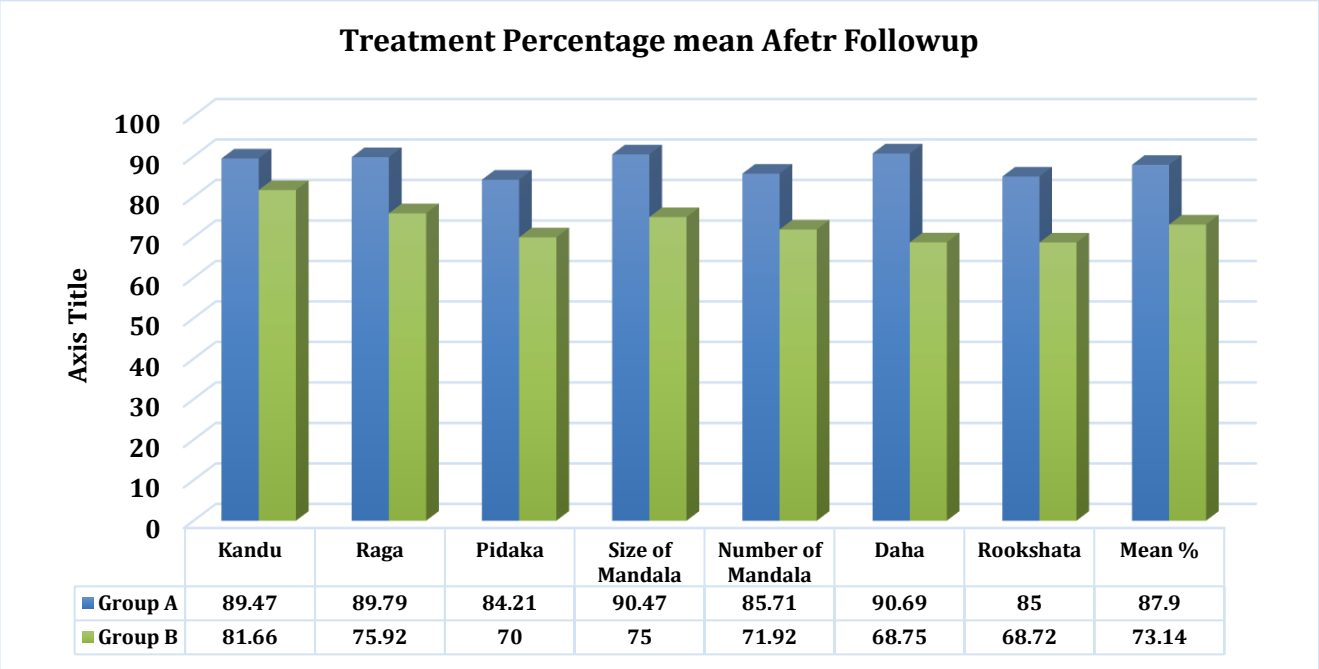
S.No.	Criteria	Assessment Grading
1.	***Kandu***	0 = No itching 1 = Occasionally present 2 = Relived by itching 3 = Disturbs routine work and sleep 4 = Intense and continues, disturbed work and sleep
2.	***Raga***	0 = No color change 1 = Fair and near to normal color 2 = Blanching and red color 3 = Red color 4 = Black/violet black color
3.	***Pidaka***	0 = No *Pidaka* 1 = 1 – 3 *Pidaka* 2 = 4 – 6 *Pidaka* 3 = 7 – 9 *Pidaka* 4 = >10 *Pidaka*
4.	**Size of *Mandala***	0 = 0 – 1 centimeter 1 = 1 – 3 centimeters 2 = 3 – 5 centimeters 3 = 5 – 10 centimeters 4 = > 10 centimeters
5.	**Number of *Mandala***	0 = No Lesions 1 = 0 – 1 Lesions 2 = 1 – 3 Lesions 3 = 4 – 6 Lesions 4 = >7 Lesions
6.	***Daha***	0 = Absent 1 = Occasionally present

		2 = Mildly present 3 = Moderately present 4 = Intensely present
7.	***Rookshata***	0 = Absent 1 = Occasionally present 2 = Mildly present 3 = Moderately present 4 = Intensely present

Overall Assessment

Table 3: Overall Assessment of Treatment Percentage Mean of all Criteria

S.No.	Parameters	Mean Change Treatment %			
		Group A		Group B	
		After Treatment	After Follow-up	After Treatment	After Follow-up
Subjective parameters					
1.	*Kandu*	47.36%	89.47%	40%	81.66%
2.	*Raga*	55.10%	89.79%	37.03%	75.92%
3.	*Pidaka*	52.63%	84.21%	38%	70%
4.	*Size* of *Mandala*	45.23%	90.47%	42.30%	75%
5.	*Number* of *Mandala*	40.81%	85.71%	35.08%	71.92%
6.	*Daha*	46.51%	90.69%	41.66%	68.75%
7.	*Rookshata*	52.50%	85%	39.58%	68.75%
Total Mean %		**48.59%**	**87.90%**	**39.09%**	**73.14%**



Graph 1: Overall Assessment of Treatment Percentage Mean of all Criteria

Group – A Patient

Figure No. 1 – Group A Patient – Before Treatment

Figure No. 2 – Group A Patient – After Treatment

Group – B Patient

Figure No. 3 – Group B Patient – Before Treatment

Figure No. 4 – Group B Patient – After Treatment

DISCUSSION

Discussion on Procedure

Abhyanga

Abhyanga is an important Ayurvedic therapy that enhances lymphatic circulation and helps transfer waste from the lymphatic system into the bloodstream. The friction caused during the procedure generates heat, which helps dislodge toxins from the tissues. These toxins are then carried into the bloodstream, where they are eventually transported to the liver and lungs for elimination. This procedure supports the body's natural detoxification process, improving circulation and the overall health of the skin and muscles.

Swedana

Swedana, in the form of *Bashpa Sweda*, works by liquefying the *Klinna Doshas* in the *Sookshma Srotas* through heat. This heat mobilizes the toxins present in the blood, allowing them to liquefy and be expelled from the body. For the skin to absorb the medicinal

particles efficiently, they must be very small and have the right properties (hydrophilic or lipophilic). Water, being an excellent conductor of heat, helps *Swedana* penetrate deep into the tissues, benefiting conditions associated with *Kapha* and *Vata* imbalances. The effects of *Swedana* include *Gauravaghna* (relief of heaviness), *Sheetaghna* (cooling), and *Twakprasadana* (nourishment of the skin).

Sadhyovirechana Karma

Sadhyovirechana refers to a rapid purgation technique, essential in conditions like *Pitta Vyadhi*. It cleanses the *Koshta* and is administered before the application of *Shodhana* or *Shamana* treatments. This purification of the *Koshta* ensures that the body is prepared for further detoxification, helping to balance *Pitta*. The results of this procedure were documented individually for each patient and analyzed according to the grading of specific symptoms.

Karmukata* of *Sadhyovirechana

In *Sadhyovirechana*, the active substances in the purgative medication are absorbed into the *Koshta*, where they stimulate the process of elimination. The procedure is designed to clean the *Koshta*, ensuring that *Ama* are expelled and that *Pitta* and *Kapha doshas* are balanced. The *Virechana* action supports the clearance of *Pitta* from the system and enhances the effectiveness of the next therapeutic procedures.

Lepa

Lepa is a therapeutic application used primarily for skin conditions, especially *Dadru Kushta*. This involves the preparation of fresh medicinal pastes, which are applied to the skin. The pastes are applied in a *Pratiloma Gati*, ensuring better absorption and efficacy. The medicinal paste remains in contact with the skin until it dries, after which it is removed. The action of *Bhrajaka Pitta*, located in the outermost layer of the skin, facilitates the absorption of these medicinal particles, which are then transported to deeper layers of the skin to relieve the symptoms of the disease.

Karmukata* of *Lepa

When *Lepa* is applied to the skin, it is influenced by *Bhrajaka Pitta*, a specific type of *Pitta* located in the skin's outer layer. *Bhrajaka Pitta* acts as the catalyst for the absorption of the active medicinal ingredients from the paste into the skin. The active properties of the *Lepa* help alleviate the symptoms of *Dadru Kushta* by promoting the cleansing of the skin channels (*Sroto Vishodhana*) and balancing the *Ama* and *Doshas*. The *Ushna Veerya* of the *Lepa*, when absorbed through the skin, travels via the *Tiryak Gata Siras*, carrying the active compounds deeper into the skin tissues and promoting *Teekshna*, *Vishada*, and *Sookshma* properties. This action ultimately helps to clear the blockages in the skin channels and promote the healing of skin disorders like *Dadru*.

Discussion on Disease - *Dadru Kushta*

Dadru Kushta is a type of *Kushta* caused by a superficial fungal infection. It spreads easily through direct contact, often resulting from environmental factors such as warm, humid conditions, and poor hygiene. *Charaka* categorizes *Dadru* as a *Kshudra Kushta*, while *Sushruta* and *Vagbhata* classify it as *Mahakushta*. According to *Dalhana*, a commentator on the *Sushruta Samhita*, *Dadru* is easy to treat as it primarily affects the superficial layers of the skin and does not involve deep tissue penetration. It is caused by an imbalance in the *Kapha* and *Pitta doshas*, affecting tissues like *Rasa* and *Rakta*.

The condition is characterized by itching, scaling, erythema, and discoid lesions. While these symptoms are common, the presentation can vary depending on the site of infection. Modern studies suggest that approximately one-fifth of the global population suffers from superficial fungal infections, and the incidence of *Dadru* has been increasing due to lifestyle factors. Classical texts recommend the use of herbs like *Chakramarda* and *Aragvadadi* for treating this condition, and *Lepa* is often employed as a therapeutic external application to address the skin disorder.

Discussion on Drugs

Trivritt Avaleha

Trivritt Avaleha is a medicinal formulation used for *Sadhyovirechana*. It has mild purgative properties, making it suitable for individuals with a *Mrudu Koshtha*. This formulation helps to eliminate *Malas* from the digestive system and promotes the balance of *Vata* and *Pitta Doshas*. The presence of *Trijataka* in the formulation enhances *Agni Deepana* and *Ama Pachana*, improving digestion and metabolism. *Trivritt* works by liquefying and expelling wastes and helps clear the *Koshta* for the subsequent stages of treatment.

Murchita Tila Taila

Murchita Tila Taila is therapeutic oil used for *Sarvanga Abhyanga* before *Sadhyovirechana*. The *Moorchana* process removes undesirable qualities from the oil, making it more potent and effective. This oil is ideal for individuals with *Vata* imbalances and is commonly used to prepare the body for the purgation process, promoting relaxation and improving circulation.

Chakramarda Lepa

Chakramarda Lepa, made from *Chakramarda Beeja* and *Jambeera Swarasa*, is used for treating *Dadru Kushta*. It possesses *Katu* and *Amla* tastes, with *Ushna Veerya*, which is effective in cleansing the skin and

relieving itching and inflammation. The therapeutic actions of this *Lepa* include promoting the expulsion of toxins from the skin and improving its overall appearance.

Aragvadadi Lepa

Aragvadadi Lepa, composed of *Aragvada* and *Aranala*, is another therapeutic application for skin disorders, particularly *Dadru Kushta*. This *Lepa* has a *Madhura* taste, *Sheeta Veerya*, and is effective in balancing *Kapha* and *Pitta doshas*. Its actions include *Kandughna*, *Raktashodhaka*, and *Amapachaka* making it suitable for skin ailments caused by *Dosha* imbalances.

Overall Effect of Therapy

The therapy's effectiveness was graded as unchanged (0-30%), mild improvement (31-50%), moderate improvement (51-70%), marked improvement (71-90%), and cured (91-100%). In the *Chakramarda Lepa Chikitsa* group, 40% of patients were cured, 20% showed marked improvement, 15% had moderate improvement, 10% had mild improvement, and 15% remained unchanged. In the *Aragvadadi Lepa Chikitsa* group, 20% were cured, 30% showed marked improvement, 15% had moderate improvement, 15% had mild improvement, and 20% remained unchanged.

CONCLUSION

Dadru Kushta is a subtype of *Maha Kushta* according to *Acharya Charaka* and a *Kshudra Kushta* as per *Acharya Sushruta*. No specific *Lakshanas* for *Dadru Kushta* are described; however, the *Nidana, Poorva Roopa, Roopa, Samprapti*, and *Pratyatma Lakshanas* from the general *Kushta Roga* can be considered applicable. *Dadru Kushta* manifests with symptoms such as *Kandu, Raga, Pidaka, Unnata, Mandala, Atsi Pushpa Varna, Tamrani, Visarpani, Chirotthanam, Durvavata, Deergha Pratana, Anushangini, Rooksha, Daha, Srava,* and *Vriddhimanti*. The disease results from an imbalance of *Kapha* and *Pitta Doshas*, affecting superficial tissues like *Rasa* and *Rakta*, and is said to manifest in the fourth layer of the skin, as per *Acharya Charaka* and *Sushruta*.

Clinical Trial: The clinical study titled "A Randomized Comparative Clinical Study to Evaluate the Efficacy of *Sadhyovirechana* followed by *Chakramarda Lepa* and *Aragvadadi Lepa* in the Management of *Dadru*" was conducted on 40 patients from the OPD and IPD of *Panchakarma* Department, SSRAMCH, Inchal. These patients, meeting the inclusion criteria, were randomly assigned into two groups of 20 patients each in Group A and Group B.

The drugs chosen for the study, including *Sadhyovirechana* with *Trivritt Avaleha*, *Chakramarda Lepa*, and *Aragvadadi Lepa*, are all indicated in the treatment of *Dadru Kushta*. Group A received *Sadhyovirechana* with *Trivritt Avaleha* followed by *Chakramarda Lepa*, while Group B received *Sadhyovirechana* with *Trivritt Avaleha* followed by *Aragvadadi Lepa*. No adverse effects were noted in either group during the study period.

Patients were evaluated based on seven subjective parameters, and the demographic details indicated that most patients were married males (57.5%), belonged to the poor class (65%), and were of *Hindu* religion (82.5%). The majority were of *Pitta-Vata Prakruti* (42.5%), had a *Madhyama Koshta* (62.5%), and exhibited *Teekshna Agni* (42.5%).

Comparison of Study: The treatment showed highly significant results with a p-value of <0.001 across nearly all parameters in both groups. When comparing the groups, Group A demonstrated better results than Group B in terms of symptom reduction, such as *Kandu, Raga, Pidaka,* size of *Mandala*, number of *Mandala*, *Daha*, and *Rookshata*. Statistical analysis revealed that while there was no significant difference in the overall results between the groups, Group A showed a higher mean rank and mean values for most parameters.

For the overall treatment assessment, the improvement within Group A was 48.59% after treatment and 87.90% after follow-up, while Group B showed improvements of 39.09% and 73.14%, respectively. The comparison between the groups showed that Group A's improvement was 55%, compared to 45% in Group B after treatment, and 55% vs. 45% after the follow-up period.

Hypothesis Acceptance: Based on the observations and results, the following alternate hypotheses are accepted:

- *Sadhyovirechana* followed by *Chakramarda Lepa* has a significant effect in the management of *Dadru Kushta*.
- *Sadhyovirechana* followed by *Aragvadadi Lepa* also shows significant effects in managing *Dadru Kushta*.
- However, *Sadhyovirechana* followed by *Chakramarda Lepa* has a more significant effect than *Sadhyovirechana* followed by *Aragvadadi Lepa* in the management of *Dadru Kushta*.

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***Address for correspondence**
Dr. Swati P. Somani
Post Graduate Scholar,
Dept. of Panchakarma,
Sri Shivayogeeshwar Rural Ayurvedic Medical College and Hospital, Inchal, Savadatti Tq, Belagavi, Karnataka, India.
Email: swati_006somani@yahoo.com

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